

Name _____

Social Security # ____ - ____ - _____

Meningitis Information

It is required by Indiana law that incoming freshmen college students receive information regarding Meningitis. This was provided to you in your admission packet with other Health Services documents. To meet the requirements of the state of Indiana, we must have your signature on file as proof of having received this information.

Our records indicate that we do not have your signature on file, nor have you received the vaccine. By signing this, you acknowledge receipt of this information, and that you have read and understood it accordingly.

Signature _____

Date _____

If you have further questions about Meningitis, you may refer to:

http://www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm

**Please return this form either by fax to: (574) 631-6047
or by mail to: University Health Services
100 Health Center
Notre Dame, IN 46556**